

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/600788

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1/2				
4		2/1				
5		1/④				
6		④/1				
7	1					
8	1					
9		1				
10		1/3				
11		1/①				
12		1				
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TOTAL IND.	2					
TOTAL DEP.	12	↔	↔	↔		
TOTAL CLAIMS	14					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL DEP.		↔	↔	↔				
TOTAL CLAIMS								